

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.** Full Name (Last, First, Middle Initial)
KILDEE FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 317

City Flint State MI Zip Code 48501

Purpose of Disbursement
ContributionCandidate Name
KILDEE FOR CONGRESS COMMITTEECategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 05

Transaction ID: SB21.42046

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
KILPATRICK FOR UNITED STATES CONGRESS

Mailing Address PO BOX 32175

City DETROIT State MI Zip Code 48232

Purpose of Disbursement
ContributionCandidate Name
KILPATRICK FOR UNITED STATES CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 13

Transaction ID: SB21.41831

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	0

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
KURT SCHRADER FOR CONGRESSMailing Address 607 N. Main St
Suite 240

City Oregon City State OR Zip Code 97045

Purpose of Disbursement
Contribution - Refund of excess contribution requestedCandidate Name
IKE SKELTON FOR CONGRESS COMMITTEECategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 04

Transaction ID: SB21.42052

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)